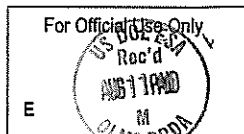


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <u>5999</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Reggie</u> <u>Hohenberger</u> P.O. Box, Bldg., Room No., if any Street <u>2117 Old Trail Road</u> City <u>Perrysburg</u> State <u>Ohio</u> ZIP Code + 4 <u>43551</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers' Local Union No. 33</u> Labor Organization File Number <u>517-801</u> P.O. Box, Building and Room Number, if any Street <u>3666 Carnegie Avenue</u> City <u>Cleveland</u> State <u>Ohio</u> ZIP Code + 4 <u>44115</u>
5. Position in labor organization. <u>Business Manager/President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Reggie Hohenberger</u>	On <u>8/10/2005</u> Date	<u>216-391-1645</u> Telephone Number

Name of Person Filing Reggie Hohenberger	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	<b>11.a. Nature of such dealing.</b>  <b>11.b. Approximate dollar value of such dealing.</b>  <b>12.a. Nature of interest held or income received.</b>  <b>12.b. Amount.</b>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name Mesirow Financial Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 220 Park Avenue, Suite 350 City Birmingham State Michigan ZIP Code + 4 48009	<b>14.a. Nature of payment.</b> Basketball game and dinner \$203.85
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b> \$204

Name of Person Filing Reggie Hohenberger	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Cosme, D'Angelo &amp; Szollosi Co., L.P.A."/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="202 North Erie Street"/></p> <p>City <input type="text" value="Toledo"/></p> <p>State <input type="text" value="Ohio"/> ZIP Code + 4 <input type="text" value="43624"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Provides representation for Local Union No. 33 </div> <p>11.b. Approximate dollar value of such dealing. <span style="float: right;"><input type="text" value="\$75,306"/></span></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Windbreaker with law firm's logo \$37.50 </div> <p>12.b. Amount. <span style="float: right;"><input type="text" value="\$38"/></span></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px;"></div>

Name of Person Filing <b>Reggie Hohenberger</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <input style="width: 90%;" type="text"/>  Trade Name, if any: <input style="width: 90%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text"/>  City <input style="width: 90%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <input style="width: 90%;" type="text"/>  Trade Name, if any: <input style="width: 90%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text"/>  City <input style="width: 90%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	<b>11.a. Nature of such dealing.</b> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	<b>11.b. Approximate dollar value of such dealing.</b> <input style="width: 150px;" type="text"/>
	<b>12.a. Nature of interest held or income received.</b> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	<b>12.b. Amount.</b> <input style="width: 150px;" type="text"/>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <input style="width: 90%;" type="text" value="Benefit Services, Inc."/>  Trade Name, if any: <input style="width: 90%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text" value="P.O. Box 4138 Suite 201"/>  Street <input style="width: 90%;" type="text" value="3636 Copley Road"/>  City <input style="width: 90%;" type="text" value="Akron"/>  State <input style="width: 20%;" type="text" value="Ohio"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="44321"/>	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Three (3) tickets to sporting event</div>
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b> <input style="width: 150px;" type="text" value="\$195"/>

Name of Person Filing <b>Reggie Hohenberger</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <input type="text" value="Alliance Capitol"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text" value="3201 Enterprise Parkway"/>  City <input type="text" value="Cleveland"/>  State <input type="text" value="Ohio"/> ZIP Code + 4 <input type="text" value="44122"/>	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> <b>a. Labor Organization</b>  <input type="checkbox"/> <b>b. Trust</b>  <input type="checkbox"/> <b>c. Employer</b>
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>11.a. Nature of such dealing.</b> <input type="text" value="Investment Manager"/>  <hr/> <b>11.b. Approximate dollar value of such dealing.</b> <input type="text" value="\$55,359"/>
	<b>12.a. Nature of interest held or income received.</b> <input type="text" value="1 ticket and dinner"/>  <hr/> <b>12.b. Amount.</b> <input type="text" value="\$80"/>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>14.a. Nature of payment.</b> <input type="text"/>  <hr/> <b>14.b. Amount of payment.</b> <input type="text"/>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	

Name of Person Filing <b>Reggie Hohenberger</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>Int'l Training Institute for the Sheet Metal</b>  Trade Name, if any: <b>and Air Conditioning Industry</b>  P.O. Box, Bldg., Room No., if any:  Street <b>601 N. Fairfax Street, Suite 240</b>  City <b>Alexandria</b>  State <b>Virginia</b> ZIP Code + 4 <b>22314</b>	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any:  Street  City  State  ZIP Code + 4	<b>11.a. Nature of such dealing.</b> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">         Developing curriculum for training facilities throughout the country.       </div> <b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;">\$0</span>
(Continuation of 10)	<b>12.a. Nature of interest held or income received.</b> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">         February 2004 Trustee Meeting          - Dinner \$125.60       </div> <b>12.b. Amount.</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;">\$126</span>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any:  Street  City  State  ZIP Code + 4	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span>

Name of Person Filing <b>Reggie Hohenberger</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Sheet Metal Occupational Health Institute</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street <b>601 N. Fairfax Street, Suite 240</b></p> <p>City <b>Alexandria</b></p> <p>State <b>Virginia</b> ZIP Code + 4 <b>22314</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p><b>Develops safety criteria for job sites</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>\$0</b></p>
	<p>12.a. Nature of interest held or income received.</p> <p><b>February 2004 Trustee Meeting</b> <b>- Dinner \$125.60</b></p> <hr/> <p>12.b. Amount. <b>\$126</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing <b>Reggie Hohenberger</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>Sheet Metal Occupational Health Institute</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>601 N. Fairfax Street, Suite 240</b>  City <b>Alexandria</b>  State <b>Virginia</b> ZIP Code + 4 <b>22314</b>	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	<b>11.a. Nature of such dealing.</b> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">         Develops safety criteria for job sites       </div> <b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;">\$0</span>
(Continuation of 10)	<b>12.a. Nature of interest held or income received.</b> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">         July 2004 Trustee Meeting          - Reception \$47.59       </div> <b>12.b. Amount.</b> <span style="float: right;">\$48</span>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; height: 150px;"></div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <div style="border: 1px solid black; width: 100px; height: 20px; float: right;"></div>



Name of Person Filing <b>Reggie Hohenberger</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Sheet Metal Occupational Health Institute</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street <b>601 N. Fairfax Street, Suite 240</b></p> <p>City <b>Alexandria</b></p> <p>State <b>Virginia</b> ZIP Code + 4 <b>22314</b></p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p><b>11.a. Nature of such dealing.</b></p> <p><b>Develops safety criteria for job sites</b></p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b> \$ <b>0</b></p> <p><b>12.a. Nature of interest held or income received.</b></p> <p><b>November 2004 Trustee Meeting</b></p> <p>- Reception \$ <b>92.25</b></p> <p>- Dinner \$ <b>98.43</b></p> <hr/> <p><b>12.b. Amount.</b> \$ <b>191</b></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p><b>14.a. Nature of payment.</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p><b>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</b></p>	<p><b>14.b. Amount of payment.</b></p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing <b>Reggie Hohenberger</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>National Energy Management Institute, Inc.</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street <b>601 N. Fairfax Street, Suite 250</b></p> <p>City <b>Alexandria</b></p> <p>State <b>Virginia</b> ZIP Code + 4 <b>22314</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>Develops and implements criteria for the HVAC industry.</p> </div> <p>11.b. Approximate dollar value of such dealing. \$0</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>February 2004 Trustee Meeting</p> <p>- Dinner \$ 62.80</p> <p>- Lodging \$1,046.40</p> </div> <p>12.b. Amount. \$1,109</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing <b>Reggie Hohenberger</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>National Energy Management Institute, Inc.</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>601 N. Fairfax Street, Suite 250</b>  City <b>Alexandria</b>  State <b>Virginia</b> ZIP Code + 4 <b>22314</b>	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> <b>a. Labor Organization</b>  <input type="checkbox"/> <b>b. Trust</b>  <input type="checkbox"/> <b>c. Employer</b>
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>11.a. Nature of such dealing.</b> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">         Develops and implements criteria for the HVAC industry.       </div> <b>11.b. Approximate dollar value of such dealing.</b> \$0
	<b>12.a. Nature of interest held or income received.</b> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">         March 2004           Reimbursed expenses Task Force Meeting       </div> <b>12.b. Amount.</b> \$50

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; height: 150px;"></div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

Name of Person Filing <b>Reggie Hohenberger</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>National Energy Management Institute, Inc.</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street <b>601 N. Fairfax Street, Suite 250</b></p> <p>City <b>Alexandria</b></p> <p>State <b>Virginia</b> ZIP Code + 4 <b>22314</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street: </p> <p>City: </p> <p>State: ZIP Code + 4: </p>	<p>11.a. Nature of such dealing.</p> <p><b>Develops and implements criteria for the HVAC industry.</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <span style="float: right;"><b>\$0</b></span></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><b>September, 2004 Meeting</b></p> <ul style="list-style-type: none"> <li>- Airfare \$ 329.70</li> <li>- Lodging \$ 400.00</li> <li>- Per Diem \$ 225.00</li> </ul> <hr/> <p>12.b. Amount. <span style="float: right;"><b>\$955</b></span></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street: </p> <p>City: </p> <p>State: ZIP Code + 4: </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing <b>Reggie Hohenberger</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>National Energy Management Institute, Inc.</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street <b>601 N. Fairfax Street, Suite 250</b></p> <p>City <b>Alexandria</b></p> <p>State <b>Virginia</b> ZIP Code + 4 <b>22314</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p><b>Develops and implements criteria for the HVAC industry.</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <span style="float: right;"><b>\$0</b></span></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><b>November, 2004 Trustee Meeting</b></p> <ul style="list-style-type: none"> <li>- Lodging \$ 1,249.00</li> <li>- Reception \$ 46.13</li> <li>- Dinner \$ 49.21</li> </ul> <hr/> <p>12.b. Amount. <span style="float: right;"><b>\$1,344</b></span></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Nat'l Energy Management Institute Committee

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax Street, Suite 250

City Alexandria

State Virginia ZIP Code + 4 22314

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Develops criteria for studying proper energy usage

## 11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

February 2004 Trustee Meeting

- \$62.80 Dinner

## 12.b. Amount.

\$63

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing <b>Reggie Hohenberger</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>Nat'l Energy Management Institute Committee</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>601 N. Fairfax Street, Suite 250</b>  City <b>Alexandria</b>  State <b>Virginia</b> ZIP Code + 4 <b>22314</b>	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>11.a. Nature of such dealing.</b> Develops criteria for studying proper energy usage   <b>11.b. Approximate dollar value of such dealing.</b> \$0  <b>12.a. Nature of interest held or income received.</b> July 2004 Trustee Meeting  - \$ 2,092.00 Lodging   <b>12.b. Amount.</b> \$2,092

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>14.a. Nature of payment.</b>          
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b>

Name of Person Filing Reggie Hohenberger

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Nat'l Energy Management Institute Committee

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax Street, Suite 250

City Alexandria

State Virginia ZIP Code + 4 22314

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Develops criteria for studying proper energy usage

## 11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

November 10, 2004 Meeting

- \$ 149.51 Lodging  
36.00 Dinner

## 12.b. Amount.

\$186

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.



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## 8. Name and address of Business (including trade name, if any).

Name Nat'l Energy Management Institute Committee

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax Street, Suite 250

City Alexandria

State Virginia ZIP Code + 4 22314

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Develops criteria for studying proper energy usage

## 11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

November 2004 Trustee Meeting

- \$ 46.13 Reception  
49.21 Dinner

## 12.b. Amount.

\$95

C. Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

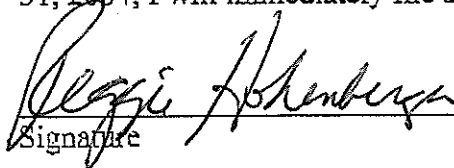
## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

## DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

 8-10-05  
Signature Date